

Green, LindaE

From: Torrant, Sandra
Sent: Monday, April 04, 2016 12:37 PM
To: FOIA HQ
Subject: FOIA
Attachments: image2016-04-04-094521.pdf

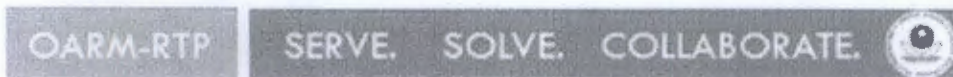
Good morning,

Our HR received this letter, which is basically a FOIA request.

The letter was forwarded to me with a note from BJ Collins telling me it should be assigned to OARM-OAM-RTP.

Sandra

Sandra Torrant/ Office of Administration and Resources Management-RTP/ Office of Director
torrant.sandra@epa.gov/919-541-7516



CONFIDENTIALITY: This communication may contain privileged or other confidential information. If you are not the intended addressee, or believe you have received this communication in error, you may neither copy, disseminate, nor distribute it to anyone else or use it in any unauthorized manner; to do so is strictly prohibited and may be unlawful. If you receive this email by mistake, please advise the sender immediately by using the reply facility in your mail software and delete it from your computer. "Information in this message may be subject to the Privacy Act (5 USC 552a) and should be treated accordingly."

Sandra



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CAITLIN FENHAGEN
DEPUTY CAPITAL DEFENDER

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

TO: Environmental Protection Agency
RE: Glenwood Franklin Johnson [SS#] []

I, Glenwood Franklin Johnson, by this release or a photocopy thereof, authorize and request you to release to the Capital Defender's Office, 123 West Main Street, Suite 601, Durham, North Carolina 27701 Phone: 919-354-7220, or any designated representative of that office, any and all information and/or records relating to me, including (but not limited to) academic, (including special education and other confidential files, BED, EDD, IEP files, and any other programs including collateral records from these institutions); all medical or mental health records to include hospital and physician records; emergency services records; drug prescription records; law enforcement records (including arrest and incident reports); FBI records; all psychological and psychiatric records; drug and alcohol abuse or rehabilitation programs records; HIV and AIDS testing records; employment, unemployment, workers' compensation, social security and detailed earnings information; disability records; military; financial and banking records; jail and detention records (including nursing records); probation records; prison medical records; attorney records; social services records, housing or apartment records; group home records; pet care records; as well as any files prepared in connection with prior civil or criminal litigation; and any other correspondence or documents pertaining to me. This document also authorizes any treating physicians, experts, attorneys, or other personnel to discuss their otherwise confidential information with the above-named legal representative(s). In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

I certify that this authorization is made freely, voluntarily; and without coercion. I understand that this information may include references to psychiatric care, sexual assault, alcohol and drug abuse and results of tests for all infectious diseases including AIDS/HIV. I understand that the information to be released is protected under State and Federal laws and cannot be re-disclosed without my further written consent unless otherwise provided for by State or Federal law. I hereby give written consent for the re-disclosure of any such information when it is deemed necessary. I understand that I may revoke this authorization at any time by notifying the agency or person listed above in writing, except to the extent that action has already been taken to comply with it. This authorization will automatically expire one year from the date it is signed unless revoked sooner. A photocopy of this authorization may be considered as valid as the original. This information is critical and is to be used for legal purposes by the above-mentioned legal representative(s) for their representation of me and/or my family member. This release is absolutely limited to the designated agency or person named above.

45 C.F.R., Parts 160 and 164; 42 C.F.R., Part 2; G.S. 122C

This authorization form implements the requirements for client authorization to use and disclose health information protected by Federal health privacy law (45 C.F.R., Parts 160, 164) the Federal drug and alcohol confidentiality law (42 C.F.R., Part 2) and State confidentiality law governing mental health, developmental disabilities, and substance abuse services (G.S. 122C).

This the 24th day of March 2014

Lesley McKay-Peterson
Witness

Glenwood F. Johnson
Signature

SNP

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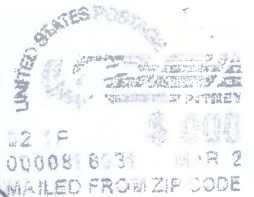
RALEIGH

NC 275

26 MAR '16

PM 3 L

HR M-CP3702
RR



Environmental Protection Agency
Release of Information
109 T. W. Alexander Dr.
RTP, NC

To
Give
Borden
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